

IDAHO STATE PARKS & RECREATION VOLUNTEER APPLICATION FORM

For individuals scheduled to work more than 40 hours in a month.



Send completed application to: IDPR Volunteer Services Coordinator, 5657 Warm Springs Ave., Boise, ID 83716

Name: _____

Day of Birth (year not necessary): _____

Permanent Mailing Address: _____ City, State, Zip: _____

Alternate Address: _____ City, State, Zip: _____

Permanent Phone: (____) _____ Message Phone: (____) _____

E-mail Address: _____

I. Skills and Experiences

1. Current Occupation: _____

2. Hobbies/Skills which may help in your volunteer work: _____

3. Do you have previous volunteer experience? ☐ Yes ☐ No

4. Briefly describe your relevant work or volunteer experience: (Please attach a resume if you have one)

II. Preferences in Volunteering

1. With which type(s) of work do you have **experience** and also with which are you **willing** to do again? Check all that apply.

- | | | |
|--|--|---|
| <input type="checkbox"/> Campground Host | <input type="checkbox"/> Display Design | <input type="checkbox"/> Music/Dance |
| <input type="checkbox"/> Visitor Center --
Meeter/Greeter | <input type="checkbox"/> Photography | <input type="checkbox"/> Retail Skills |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Teaching | <input type="checkbox"/> Bookkeeping |
| <input type="checkbox"/> Mechanical | <input type="checkbox"/> First Person Interpretation | <input type="checkbox"/> Clerical |
| <input type="checkbox"/> Grounds Keeping | <input type="checkbox"/> Re-enactment | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Trail Cutting/Maintenance | <input type="checkbox"/> Campfire Programs | <input type="checkbox"/> Receptionist |
| <input type="checkbox"/> Computer Word Processing | <input type="checkbox"/> Flora/Fauna Identification | <input type="checkbox"/> Desktop Publishing |
| <input type="checkbox"/> Carpentry/Construction | | |

☐ Other: _____

2. Is there a person or group with whom you are **particularly interested** in working? Check all that apply.

- | | | |
|---|---------------------------------|---|
| <input type="checkbox"/> No preference | <input type="checkbox"/> Teens | <input type="checkbox"/> Young children |
| <input type="checkbox"/> Agency Staff | <input type="checkbox"/> Adults | <input type="checkbox"/> Seniors |
| <input type="checkbox"/> People with disabilities | | |
| <input type="checkbox"/> Others: _____ | | |

--See Other Side/Page To Complete--

3. Are there any groups with which you would **not feel comfortable** working? ☐ Yes ☐ No – Please Explain:

4. Would you be willing to assist/lead children in a Jr. Ranger Program that includes nature walks, crafts, litter pick-up, etc?
☐ Yes ☐ No

III. Availability ☐ **I have no specific location preference, I'll consider any park.**

1. Where would you like to work? Dates Available (MM/DD/YYYY):
First Choice **Park or Area:** _____ Start: _____
End: _____
Second Choice **Park or Area:** _____ Dates Available (MM/DD/YYYY):
Start: _____
End: _____
2. Would you accept a position in a different state park? ☐ Yes ☐ No
3. If positions are full, could you be available on standby? ☐ Yes ☐ No
4. How many are in your camping group? _____
5. Pets? ☐ Yes ☐ No How many? _____
6. What type of camping unit do you have? _____ Length: _____ Ft. # Slideouts: _____
7. Extra Vehicle? ☐ Yes ☐ No How many? _____
8. Do you need a sewer hook-up at the host site? ☐ Yes ☐ No
9. Do you need electricity at the host site? ☐ Yes ☐ No
10. What special accommodations would you need to do volunteer work? _____
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11. Do you have access to an automobile you can use for volunteer work? ☐ Yes ☐ No

IV. Background Information

1. How did you hear about us?
☐ Saw Job Description ☐ Web Site or Post Card ☐ Volunteer Services Coordinator
☐ State Park or Other Facility ☐ Referred by Friend/Volunteer ☐ Trade Show or Other Event
☐ Other: _____
2. Please list **3 professional references** that know of your work quality.
- | <u>Name:</u> | <u>Phone #:</u> | <u>Relationship:</u> |
|--------------|-----------------|----------------------|
| 1. _____ | (_____) | _____ |
| 2. _____ | (_____) | _____ |
| 3. _____ | (_____) | _____ |
3. Have you ever been convicted of or entered a plea of guilty, no contest, or had a withheld judgment to a felony or a misdemeanor?
If YES, please briefly explain:
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